

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Neurodevelopmental Centers
Managed Care Organizations

Memorandum No: 07-81
Issued: December 21, 2007

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Neurodevelopmental Centers: Fee Schedule and Procedure Code Updates

Effective for dates of service on and after January 1, 2008, the Health and Recovery Services Administration (HRSA) will:

- Apply the updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2008 Relative Value Units (RVUs). This change will affect the maximum allowable fees that providers may receive for a service provided to an HRSA client; and
- Update the list of procedure codes in the Coverage section of HRSA's *Neurodevelopmental Centers Billing Instructions*.

Maximum Allowable Fees

HRSA is updating the Neurodevelopmental Centers Fee Schedule with Year 2008 RVUs and clinical laboratory fees. HRSA has adjusted the maximum allowable fees to reflect these updates.

Visit HRSA's web site to view the new fee schedule, effective January 1, 2008:

<http://maa.dshs.wa.gov/RBRVS/Index.html>

Bill HRSA your usual and customary charge for services provided to clients.

Procedure Code Updates

HRSA no longer covers the following CPT codes:

CPT Code	Brief Description
99361	Physician/team conference
99362	Physician/team conference

HRSA now covers the following CPT codes:

CPT Code	Brief Description
S9152	Speech Therapy Re-evaluation
96125	Cognitive test by hc pro.
99367	Team conf w/o pat by phys

Billing Instructions Replacement Pages

Attached are replacement pages C.1-C.6 for HRSA's *Neurodevelopment Centers Billing Instructions*.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Coverage

HRSA pays only for covered services listed in this section when they are:

- Within the scope of an eligible client's medical care program; and
- Medically necessary and prescribed by a physician, physician's assistant (PA), or an advanced registered nurse practitioner (ARNP).

HRSA recommends that services:

- Begin within 30 days of the date prescribed; and
- Are for conditions resulting from injuries and/or medically recognized diseases and defects.

What is covered?

HRSA covers unlimited physical therapy, speech/audiology, and occupational therapy services for clients 20 years of age and younger.

HRSA covers specific evaluation and management procedures (CPT code 99201-99215 and 99367).

Limitations

HRSA does not cover duplicate services for occupational and physical therapy for the same client when both providers are performing the same or similar service(s).

Are school medical services covered?

HRSA covers physical therapy, speech/audiology, and occupational therapy services provided in a school setting for school-contracted services that are noted in the client's Individual Education Program (IEP) or Individualized Family Service Plan (IFSP). Refer to HRSA's *School Medical Services Billing Instructions*. (See *Important Contacts*.)

What is not covered?

HRSA does not cover services (physical therapy, speech/audiology, and occupational therapy) included as part of the reimbursement for other treatment programs. This includes, but is not limited to, hospital inpatient and nursing facility services.

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Coverage Table

Note: Due to its licensing agreement with the American Medical Association, HRSA publishes only the official, brief CPT™ code descriptions. To view the full descriptions, please refer to your current CPT book.

Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Physical Therapy				
64550		Apply neurostimulator		
95831		Limb muscle testing, manual		
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
96125		Cognitive test by hc pro.		
97001		PT evaluation		
97002		PT re-evaluation		
97005		Athletic train eval		Not covered service
97006		Athletic train re-eval		Not covered service
97010		Hot or cold packs therapy		Bundled service
97012		Mechanical traction therapy		
97014		Electric stimulation therapy		
97016		Vasopneumatic device therapy		
97018		Paraffin bath therapy		
97022		Whirlpool therapy		
97024		Diathermy treatment		
97026		Infrared therapy		
97028		Ultraviolet therapy		
Note: The following procedures codes require the therapy provider be in constant attendance.				
97032		Electrical stimulation		
97033		Electric current therapy		
97034		Contrast bath therapy		
97035		Ultrasound therapy		
97036		Hydrotherapy		
97039		Physical therapy treatment		
97110		Therapeutic exercises		
97112		Neuromuscular reeducation		
97113		Aquatic therapy/exercises		

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Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Physical Therapy Continued				
Note: The following procedures codes require the therapy provider be in constant attendance.				
97116		Gait training therapy		
97124		Massage therapy		
97139		Physical medicine procedure		
97140		Manual therapy		
97150		Group therapeutic procedures		
97530		Therapeutic activities		
97532		Cognitive skills development		Not covered service
97533		Sensory integration		Not covered service
97535		Self care mngment training		
97537		Community/work reintegration		
97542		Wheelchair mngment training		
97545		Work hardening		Not covered service
97546		Work hardening add-on		Not covered service
97597		Active wound care/20 cm or <		HRSA reimburses Physical Therapists for active wound care management involving selective and non-selective debridement techniques to promote healing using CPT codes. Providers may not bill CPT codes 97597, 97598, or 97602 in conjunction with one another. Providers must not bill procedure codes 97597, 97598, and 97602 in addition to CPT codes 11040-11044.
97598		Active wound care > 20 cm		
97602		Wound(s) care non-selective		
97605		Neg press wound tx, <50 cm		Bundled service
97606		Neg press wound tx, >50 cm		Bundled service
97750		Physical performance test		
97755		Assistive technology assess		
97760		Orthotic mgmt and training		
97761		Prosthetic training		
97762		C/o for orthotic/prosth use		
97799		Physical medicine procedure		

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Procedure Code	Modifier	Brief Description	EPA/PA	Policy/Comments
Team Conferences				
99367		Team conf w/o pat by phys		
Pediatric Evaluations				
99201		Office/outpatient visit, new		
99202		Office/outpatient visit, new		
99203		Office/outpatient visit, new		
99204		Office/outpatient visit, new		
99205		Office/outpatient visit, new		
99211		Office/outpatient visit, est		
99212		Office/outpatient visit, est		
99213		Office/outpatient visit, est		
99214		Office/outpatient visit, est		
99215		Office/outpatient visit, est		
Speech Therapy Audiologists and Speech-Language Pathologists				
92506		Speech/hearing evaluation		
92507		Speech/hearing therapy		
92508		Speech/hearing therapy		
92526		Oral function therapy		
92551		Pure tone hearing test, air		
92630		Aud rehab pre-ling hear loss		
92633		Aud rehab postling hear loss		
97532		Cognitive skills development		One 15 minute increment equals one visit
97533		Sensory integration		One 15 minute increment equals one visit
Audiologists Only				
69210		Remove impacted ear wax		
92541	26	Spontaneous nystagmus test		
92541	TC	Spontaneous nystagmus test		
92541		Spontaneous nystagmus test		
92542	26	Positional nystagmus test		
92542	TC	Positional nystagmus test		
92542		Positional nystagmus test		
92543	26	Caloric vestibular test		
92543	TC	Caloric vestibular test		
92543		Caloric vestibular test		
92544	26	Optokinetic nystagmus test		

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Procedure Code	Modifier	Brief Description	EPA/PA	Policy/ Comments
Audiologists Only Continued				
92544	TC	Optokinetic nystagmus test		
92544		Optokinetic nystagmus test		
92545	26	Oscillating tracking test		
92545	TC	Oscillating tracking test		
92545		Oscillating tracking test		
92546	26	Sinusoidal rotational test		
92546	TC	Sinusoidal rotational test		
92546		Sinusoidal rotational test		
92547		Supplemental electrical test		
92552		Pure tone audiometry, air		
92553		Audiometry, air & bone		
92555		Speech threshold audiometry		
92556		Speech audiometry, complete		
92557		Comprehensive hearing test		
92567		Tympanometry		
92568		Acoustic reflex testing		
92569		Acoustic reflex decay test		
92579		Visual audiometry (vra)		
92582		Conditioning play audiometry		
92584		Electrocochleography		
92585		Auditor evoke potent, compre		
92585	26	Auditor evoke potent, compre		
92585	TC	Auditor evoke potent, compre		
92586		Auditor evoke potent, limit		
92587		Evoked auditory test		
92587	26	Evoked auditory test		
92587	TC	Evoked auditory test		
92588		Evoked auditory test		
92588	26	Evoked auditory test		
92588	TC	Evoked auditory test		
92601		Cochlear implt f/up exam < 7		
92602		Reprogram cochlear implt < 7		
92603		Cochlear implt f/up exam 7 >		
92604		Reprogram cochlear implt 7 >		
92620		Auditory function, 60 min		
92621		Auditory function, + 15 min		
92625		Tinnitus assessment		
92626		Oral function therapy		
92627		Oral speech device eval		

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Procedure Code	Modifier	Brief Description	EPA/PA	Policy/Comments
Speech-Language Pathologists Only				
S9152		Speech Therapy Re-eval		
92605		Eval for nonspeech device rx		Included in the primary services Bundled service
92606		Non-speech device service		
92607		Ex for speech device rx, 1hr		
92608		Ex for speech device rx addl		
92609		Use of speech device service		
92610		Evaluate swallowing function		
96125		Cognitive test by hc pro.		
Occupational Therapy				
64550		Apply neurostimulator		
95831		Limb muscle testing, manual		
95832		Hand muscle testing, manual		
95833		Body muscle testing, manual		
95834		Body muscle testing, manual		
95851		Range of motion measurements		
95852		Range of motion measurements		
96125		Cognitive test by hc pro.		
97003		OT evaluation		
97004		OT re-evaluation		
97010		Hot or cold packs therapy		Bundled service
97014		Electric stimulation therapy		
97018		Paraffin bath therapy		
97032		Electrical stimulation		
97034		Contrast bath therapy		
97110		Therapeutic exercises		
97112		Neuromuscular reeducation		
97113		Aquatic therapy/exercises		
97140		Manual therapy		
97150		Group therapeutic procedures		
97530		Therapeutic activities		
97532		Cognitive skills development		
97533		Sensory integration		
97535		Self care mngmt training		
97537		Community/work reintegration		
97542		Wheelchair mngmt training		
97597		Active wound care/20 cm or <		Do not bill with 97598 or 97602 for same wound. Do not use in combination with 11040-11044.

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